

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election



Name of Committee Committee to Elect William Starks
Address P.O. Box 1346
Telephone (662) 327-6744 Fax (662) 327-6799
Treasurer Deborah R. Moore Email deborah@studdardlaw.com

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory
- ☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- ☒ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- ☐ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- ☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 4000.00 + \$ 1349.46	\$ 1349.46	\$ 14,748.90
Total amount of disbursements	\$ 3611.72 + \$ 256.00	\$ 3867.72	\$ 11,416.98
Total amount of cash on hand	\$		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Deborah R. Moore
Signature of Director or Treasurer

7/8/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-1-111 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return forms to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Clerk.

Name of Candidate or Committee Committee to Elect William Starks
 Reporting period 6/1/10 through 6/1/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Francis Kao</u>		<u>6/18/10</u>	\$ <u>1000.00</u>
Mailing Address <u>155 N. Wacker Dr. Ste 2100</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Chicago, Ill 60606</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required) _____		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>attorney</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ralph Chapman</u>		<u>6/18/10</u>	\$ <u>500.00</u>
Mailing Address <u>338 Wacker Dr.</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Chaddsden, Mo 38614</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required) <u>self</u>		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>attorney</u>		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Opson Shelton</u>		<u>6/14/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1362</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Ingula, MS</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required) <u>self</u>		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>attorney</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert F. Wilkins</u>		<u>6/14/10</u>	\$ <u>250.00</u>
Mailing Address <u>475 E. Capital Street</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Chick, MS 39201</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required) _____		<u>1</u> <u>1</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Page 2 of 2Name of Candidate or Committee Committee to Elect William StarksReporting period 6/1/10 through 6/30/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Gump & Dawn Mitchell</u>	<u>6/25/10</u>	\$ <u>1000.00</u>
Mailing Address <u>1505 Torrey Hill Dr.</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Columbus, MS 39701</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Mitchell Law Firm</u>	<u>1/1/</u>	\$
Occupation (Required) <u>attorney</u>	Aggregate year-to-date	\$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Russell Rogers</u>	<u>6/28/10</u>	\$ <u>500.00</u>
Mailing Address <u>121 N. Gacher St.</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Starkville, MS 39759</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1/1/</u>	\$
Occupation (Required) <u>attorney</u>	Aggregate year-to-date	\$

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

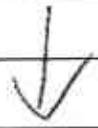
Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Charles Yates</u>	<u>6/25/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 10282</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Starkville, MS 39759</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1/1/</u>	\$
Occupation (Required) <u>attorney</u>	Aggregate year-to-date	\$

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	<u>1/1/</u>	\$
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect William Stokes
 Reporting period 6/1/10 through 6/30/10

ITEMIZED DISBURSEMENTS

A. Full name <u>Almond Printing Company, Inc.</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 162</u>		<u>6/16/10</u>	\$ <u>1795.00</u>
City, State, Zip Code <u>Abundeen, MS 39730</u>		<u>6/24/10</u>	\$ <u>90.95</u>
Purpose of Disbursement (Optional) <u>printed material</u>		Aggregate Year-to-date	\$ <u>4666.82</u>
B. Full name <u>Brent Thompson</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>6/16/10</u>	\$ <u>220.00</u>
City, State, Zip Code <u>Hamilton, MS</u>		<u>6/27/10</u>	\$ <u>87.77</u>
Purpose of Disbursement (Optional) <u>postage - reimbursement / mileage</u>		Aggregate Year-to-date	\$ <u>366.74</u>
C. Full name <u>Brent Thompson</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>6/14/10</u>	\$ <u>240.00</u>
City, State, Zip Code <u>Hamilton, MS</u>		<u>6/11/10</u>	\$ <u>320.00</u>
Purpose of Disbursement (Optional) <u>contract labor</u>		Aggregate Year-to-date	\$ <u>continued below</u>
D. Full name <u>Brent Thompson - continued</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>6/25/10</u>	\$ <u>208.00</u>
City, State, Zip Code 		<u>6/18/10</u>	\$ <u>320.00</u>
Purpose of Disbursement (Optional) <u>contract labor</u>		Aggregate Year-to-date	\$ <u>2084.00</u>
E. Full name <u>Noxubee Circuit Court</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 431</u>		<u>6/10/10</u>	\$ <u>250.00</u>
City, State, Zip Code <u>Marion, MS 39341</u>		<u>1/1</u>	\$
Purpose of Disbursement (Optional) <u>Noxubee county voter rolls</u>		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1</u>	\$
City, State, Zip Code <u>1</u>		<u>1/1</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$